

Testimony of Gregory B. Allard, Vice President  
American Ambulance Service, Inc. &  
Association of Connecticut Ambulance Providers

Human Services Committee

Tuesday, February 19, 2013

Senator Slossberg, Representative Abercrombie and distinguished members of the Human Services Committee.

My name is Greg Allard and I am the Vice President of American Ambulance Service, Inc. located in Norwich, CT and of the Association of Connecticut Ambulance Providers.

My testimony today is in favor of three raised bills:

- 1. *Raised Bill No. 594, An Act Concerning Restoring Medicaid Reimbursement Levels for Emergency Ambulance Transportation***
- 2. *Raised Bill No. 6412, An Act Concerning Safe and Appropriate Transportation for Non Ambulatory Medicaid Recipients Raised***
- 3. *Bill No. 6414, An Act Concerning Non Emergency Medical Transportation for Medicaid Recipients***

Raised Bill No. 594 is critical for ambulance services in Connecticut. It is more expensive for us to respond to emergencies than any other service type we provide. Services such as mine are staffed, prepared and ready to respond to emergencies in the communities we serve. We do so without regard for the additional costs related to required readiness and without regard to any patient's ability to pay. We have an obligation to those we serve.

Fuel costs, insurance, labor and benefit costs have escalated significantly over the past five years yet our reimbursement rates continue to plummet.

In January 2011, the CT Legislative body found it necessary to reduce the Medicaid emergency response rate paid to providers by 10%. This rate is 52% of the Medicare Rate established by CMS, which according to the US General Services Administration is at least 9% lower than our cost to even provide the service. This rate is 34% of the State of CT DPH approved

emergency response rate and even if after restoration the rate would only be 38%. It is unfortunate to say this but without this restoration, our providers may be forced to make financial decisions regarding staffing levels, employee benefits and vehicle maintenance which could be detrimental to the CT EMS system and more importantly the people residing in the communities we serve.

Raised Bill No. 6412 which addresses Safe and Appropriate Transportation for Non-Ambulatory Medicaid Recipients also needs your support. This raised bill has the best interest of the patient in mind. This is what we as ambulance services are focused on, patient care. As my counterpart, David Lowell the President of the Association of CT Ambulance Providers will also testify the people requiring transportation on a stretcher are patients. That person does not stop being a patient when they leave a hospital and go to a rehabilitation or skilled nursing facility; they continue to be a patient. They continue to be medically monitored by trained professionals during their transportation.

I take comfort in knowing this mode of transportation has been rejected each time it has appeared before the Legislature but at the same time I am perplexed as to why it was included again in the budget mitigation plan. I encourage you to do the right thing for the patient again.

Raised Bill No. 6414 is pertaining to the current Non-Emergency Medical Transportation (NEMT) for Medicaid Recipients. This program is administered in an ASO model between the State of Connecticut DSS and LogistiCare. I will start by saying there are some efficiencies in this program, however there are several significant inefficiencies that have an impact on the cost of our providing the service.

An important fact you should be aware of is that 30% of all ambulance response requests end up as a “canceled call”. A canceled call is when the ambulance responds but does not transport a patient. The reasons we don’t transport varies but one portion of these canceled calls are non-emergency “no shows”.

LogistiCare assigns the non-emergency transportation for Medicaid recipients to the providers with some advance notice. We have learned through experience that we can't rely on that assignment alone. We have had to take it upon ourselves and at our expense to call and verify each appointment, pickup time and appointment location. After all of this effort the provider still has a significant "no show" rate.

This leaves the provider, who has more than fulfilled their obligation completely uncompensated. Raised Bill No. 6414 would offset some of the costs we incur scheduling the transport, verifying the information and more importantly for assigning and sending an ambulance.

Raised Bill No. 6414 would allow the providers to recover a portion of the costs of these "no show" calls at 50% of the prevailing non-emergency rate.

In closing I would ask that you consider the points I made in my testimony and that of David Lowell and that you vote in favor of Raised Bills No. 594, 6412, and 6414.

Respectfully submitted,

Gregory B. Allard